ATTACH YOUR CHECK OR MONEY ORDER AND FORM VP-1 HERE

STATE OF HAWAII — DEPARTMENT OF TAXATION

APPLICATION FOR EXTENSION OF TIME TO FILE THE ANNUAL RETURN AND RECONCILIATION GENERAL EXCISE/USE TAX (FORM G-49)

Please read instructions below before preparing form.

NAME:	
BUSINESS	
NAME (DBA):	HAWAII TAX I.D. No.
ADDRESS:	W
	LAST 4 DIGITS OF YOUR FEIN OR SSN:
APPLICATION is beauty made for an extension	on of time to file the general excise and use tax annual return and reconciliation (Form G-49):
a. For: a. For: calendar year ending December 31, 20	b. An extension is requested until: (No more than 3 months. See Instructions below.)
fiscal year ending// MO DAY c. Were you previously granted an extension of the	time to file this return?
☐ Yes ☐ No If yes, previo	ous extension was granted to///
"HAWAII STATE TAX COLLECTOR" in U.S.	due, enter "0".) Attach your check or money order payable to . dollars drawn on any U.S. Bank AND Form VP-1 to Form G-39. ax I.D. No. on your check or money order
	DECLARATION
I declare under the penalties set forth in section 23 of the General Excise and Use Tax Laws and the r	11-36, HRS, that the statements contained herein are true and correct, prepared in accordance with the provisionules issued thereunder.
SIGNATURE OF TAXPAYER, PARTNER OR ME	MBER, OFFICER, OR DULY AUTHORIZED AGENT DATE
DAYTIME PHONE NUMBER: ()	
	UCTIONS FOR PREPARATION OF THIS FORM (e-filed) with the Department of Taxation. For more information, go to: www.ehawaiigov.org/efile
1. Extensions will only be granted for 3 months or le	ess. See 6 below if additional extensions are needed.
2. Extensions will only be granted for a good reason	n (e.g., hospitalization of taxpayer). A full explanation of the reasons you need an extension must be given.
 This extension of time to file is NOT AN EXTENS on line e. Your check or money order for the ent VP-1, Tax Payment Voucher, must be attached to 	SION OF TIME TO PAY. If additional general excise and use taxes are due for the year, write the amount duire amount, payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank and Forto this form.
4. Submit the completed form to the Hawaii Depart extensions filed after that date will not be granter	ment of Taxation ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Applications for d.
· ·	nsions are ONLY valid if all monthly, quarterly, or semiannual periodic returns (Form G-45) for the year have
6. ADDITIONAL extensions of time to file the gene completing this form and submitting it to the Haw	ral excise/use tax annual return and reconciliation beyond the initial 3-month period may be requested by vaii Department of Taxation before the expiration of the initial 3-month extension.
7. IMPORTANT — The total period for which exten	sions will be granted cannot exceed six (6) months.
THIS SPACE FOR DATE RECEIVED STAMP	
	MAILING ADDRESS
HAWAII DEPARTMENT OF TAXATION	
	P.O. Box 1425
	Honolulu, HI 96806-1425

Telephone: 808-587-4242 Toll Free: 1-800-222-3229